

Employee ID	
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AURORA PUBLIC SCHOOLS
1085 Peoria Street
Aurora, Colorado 80011

EMPLOYEE REQUEST FOR SEPARATION

To be completed by employee and given to immediate supervisor.
Immediate supervisor will sign and forward to Division of Human Resources.

Name: _____ Position: _____

Employee ID: _____ Location: _____

I am voluntarily <input type="checkbox"/> Resigning <input type="checkbox"/> Retiring as an employee of the Aurora Public Schools for the following reasons:

Teachers and Administrators only: Official transcripts will be available to pick up from Human Resources 30 days after your separation date. Transcripts not picked up will be destroyed.

My last actual work day* will be _____

Signature of Employee Date

Address:

Signature of Supervisor Date

- * I understand I must physically be on the job my last day of work.
- * I understand I cannot use sick leave, special leave or vacation leave on my last day of work or my final pay will be figured using my last physical day on the job.
- * I understand my last day of work may not be a paid holiday.

I understand that a portion of accrued sick leave will be paid to employees with at least 10 years of service.
APS Code: DKAA